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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

33

Application Number

10/824,829

Filing Date

April 14, 2004

First Named Inventor

Nurith KURN

Art Unit

1637

Examiner Name

C. Babic

Attorney Docket Number

492692001300

### ENCLOSURES (Check all that apply)

☒ Fee Transmittal Form (original + copy for fee processing (2 pages))

☐ Fee Attached

☒ Amendment/Reply (29 pages)

☐ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request (1 page)

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/Incomplete Application

☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

☐ After Allowance Communication to TC

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify below):

- Return Receipt Postcard

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP	(Customer No.: 25226)
Signature	<i>Jill A. Jacobson</i>	
Printed name	Jill A. Jacobson	
Date	February 23, 2007	Reg. No. 40,030

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV534441385US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 23, 2007

Signature: *Rosemarie Puljic-Salmeron* (Rosemarie Puljic-Salmeron)



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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/824,829
		Filing Date	April 14, 2004
		First Named Inventor	Nurith KURN
		Examiner Name	C. Babic
		Art Unit	1637
		Attorney Docket No.	492692001300
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> -60.00		

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
226	- 205 = 0	x 25.00 =	0.00	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.				180.00	0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	- 6 = 0	x 100.00 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	125.00	0.00

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2251 Extension for response within first month	60.00

<b>SUBMITTED BY</b>			
Signature	<i>Jill A. Jacobson</i>	Registration No. (Attorney/Agent)	40,030
Name (Print/Type)	Jill A. Jacobson	Telephone	(650) 813-5876
		Date	February 23, 2007